

Dilantin) in all cases of non-convulsive toxemias early in the course of the disease may lower the incidence of actual eclampsia. It may be years, of course, before we obtain the report on a series of cases sufficiently large to be of significance.

Lastly we come back to a theory of Dienst's in 1912, the work of Obata in 1919, and the recent repetition of Obata's work by Schneider showing that the principle of the human placenta which is lethal to animals upon intravenous injection is thromboplastin. Human serum contains an "antithromboplastin," and we recall that Obata, and later Dieckmann, found that women with preeclampsia and eclampsia have a reduced amount of this inhibitor substance in their serum. *The slow liberation of unopposed thrombokinase into the maternal circulation by the placenta* (one of the richest sources of this substance in the body)—*under some such stimulus perhaps, as "ischemia" of the gravid uterus—might allow a slow deposition of fibrin upon the intima of*

small blood vessels, cause capillary thromboses and periportal hepatic lesions, and thus account for at least some of the major pathologic changes of eclampsia. For direct proof of this hypothesis, it remains to quantitate the amounts of circulating thromboplastin and its inhibitor in the plasma of eclamptic women. The biocatalyst, thrombokinase, is a molecule of such tremendous size that it might be expected to remain in the circulating blood for many days after delivery, thus accounting for the occurrence of continued damage in the immediate puerperium. An obvious specific "antidote" for thromboplastin is heparin, and the few cases in which it has been used warrant some enthusiasm for the future. The obvious dangers of heparinization of a pregnant or puerperal woman, on the other hand, should be sufficient to warn all practitioners against its use until the possible value of such therapy is well established by rigidly controlled clinical experiments in some research institution.



The A.M.A. Centennial

Celebration of the first century's existence of the American Medical Association was completed in Atlantic City in mid-June and from the scientific side of the event there seems little to be desired. Starting with an interdenominational religious service, carrying on through a galaxy of visiting dignitaries from all corners of the world, the meeting presented a series of scientific papers and scientific and technical exhibits which could easily rate top billing in any scientific gathering the world has yet seen. The planners and providers of such a program merit the respect and the thanks of the entire medical profession, not only in this country but in both hemispheres.

On the business side of the meeting, the side for which the California Medical Association regularly sends its delegates into action, there is room for both rejoicing and sorrow. On the happier side, California's Dr. Dwight H. Murray was elected to a full five-year term as a Trustee of the A.M.A. in a voting contest which favored the Napa physician by a four-to-one margin. This is ample evidence of respect for the character, capacity and sound judgment of our fellow practitioner, as well as for the integrity of the entire California profession. Other A.M.A. election returns tend to bear out this assay of the respect for sound, progressive policies which Californians have long espoused in national medical circles.

The reverse of the picture shows an unsettled state of public relations of the A.M.A., a condition aggravated by the unfortunate events leading up to the resignation of both the outside public relations counsel and the public relations expert employed as an ex-

ecutive assistant to the secretary-general manager of the Association. Further provocation on this score came from a renewed approval given by the House of Delegates to the National Physicians' Committee despite an evident disposition on the part of a large minority in the House for the A.M.A. to do its own job in the public relations field.

Out of these decisions, which in the democratic manner are binding on all members until and unless reversed, there comes one lesson which we hope will not be lost to sight. The important part of the entire public relations matter lies in the over-all problem and not in the personalities involved. The public relations counsel and expert have turned in their resignations; the public relations problem remains. No matter what events brought about these resignations, it is obvious that these individuals performed a valuable service during their terms with the A.M.A. and it is sincerely to be hoped that their contributions toward clearer and better public relations will not be discarded.

In the Rich report released last year and in the programs developed by the counsel firm and the public relations expert in the A.M.A. office, there are suggestions of value to American medicine. These should and must be utilized, salvaged from what might otherwise appear to be a useless wreck. Used objectively, they may well prove to be the beacon for guiding American medicine into paths of true public relations, true respect by and for the American public.

The rider may have come a cropper but that is no reason for shooting the horse.